

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 2167	Date: October 26, 2018
	Change Request 10996

SUBJECT: Decommissioning of the Client Letter Application within VIPS Medicare System (VMS)

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to remove all related code and decommission Client Letter in the Viable Information Processing System (ViPS) Medicare System (VMS). Client Letter is the current letter writing system used by the Durable Medical Equipment (DME) Medicare Administrative Contractors (MACs) in VMS. Client Letter will be decommissioned in VMS and replaced by a letter writing system selected and maintained by the DME MACS. The effective date of this change is the implementation date, not the date of service.

EFFECTIVE DATE: April 1, 2019

**Unless otherwise specified, the effective date is the date of service.*

IMPLEMENTATION DATE: April 1, 2019

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-*Only One Per Row.*

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
N/A	N/A

III. FUNDING:

For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

One Time Notification

Attachment - One-Time Notification

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IMPLEMENTATION DATE: April 1, 2019

I. GENERAL INFORMATION

A. Background: The Centers for Medicare & Medicaid Services (CMS) is directing VMS to decommission the Client Letter application used by Durable Medicare Equipment Medicare Administrative Contractors (DME MACs) for letter writing and letter generation. The DME MACs shall use their own letter writing application for letter writing and letter generation. This change is consistent with CMS micro-modernization strategy to allow MACs to innovate business processes. VMS shall remove obsolete code related to this change.

B. Policy: N/A

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility										
		A/B MAC		DME MAC	Shared-System Maintainers				Other			
		A	B		H H H	F M V C	M I C M W	S S S F				
10996.1	The contractor shall modify the VMS Interactive Correspondence Reporting (ICOR) subsystem and related batch processes to eliminate all software that is no longer needed because of the elimination of Client Letter.									X		
10996.2	The contractor shall modify the batch process for generating Administrative Simplification Compliance Act (ASCA) letters to eliminate all software that is no longer needed because of the elimination of Client Letter.									X		
10996.3	The contractor shall modify the batch process for generating bankruptcy letters to eliminate all software that is no longer needed because of the elimination of Client Letter.									X		
10996.4	The contractor shall modify the batch process for generating Coordination of Benefits (COB) Provider Notification letters to eliminate all software that is no									X		

Number	Requirement	Responsibility							
		A/B MAC		H H H	D M E M A C	Shared- System Maintainers			Other
		A	B			F I S S	M C S	V M S	
	longer needed because of the elimination of Client Letter.								
10996.5	The contractor shall ensure that all logic implemented for this change request is effective as of the date of implementation. None of the logic implemented for this change request shall involve claim date of service.							X	

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility					
		A/B MAC		H H H	D M E M A C	C E D I	I
		A	B				
	None						

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Katie Bentz, 410-786-5084 or Katie.Bentz@cms.hhs.gov , Emma Battista, Emma.Battista@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is

not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

ATTACHMENTS: 0